

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 9-6-01.
- b. The request was received on 5-17-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and response to Request for Medical Dispute
3. No Carrier sign sheet was noted in the dispute packet. Per Rule 133.307 (g) (4), the Division forwarded a copy of the request for additional documentation (from the Provider) to the carrier on 6-14-02. No 14 day response was noted in the dispute packet.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 4-16-02;
“(Requestor) received a TWCC-62 for date of service 9-6-01 stating ‘Preauthorization Not Obtained’...We have received a second denial stating ‘that our position remains the same; if you disagree with our decision please contact the TWCC Medical Dispute Resolution’. I would like to direct your attention to Rule 134.600, which states that DME does not need to be pre-authorized, unless over \$500.00 per item. The procedure that we billed for is under the \$500.00. This is the only item that was provided to the patient by.... therefore there is no bundling of charges or accumulation on rentals. This procedure was for purchase and was billed one time.”
2. Respondent: TWCC 60 response dated 6-20-02;
“Charges remain denied. This DME Item has to be used in conjunction with the Stimulator. Billed charges for the stimulator has reached \$500, therefore Pre-Auth is Required.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 9-6-01.
2. The Carrier has denied the disputed amount as indicated on the EOB as “A – PRE-AUTHORIZATION NOT OBTAINED”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
9-6-01	E0731	\$450.00	\$-0-	A	No MAR	TWCC Rule 134.600 (h) (11);	<p>The Carrier has denied the disputed date of service as “A”.</p> <p>Pursuant to TWCC Rule 134.600, “The non-emergency health care requiring preauthorization includes: ...all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulators (TENS) units.</p> <p>The amount billed by the provider does not exceed the \$500.00 limit. Documentation does not support that any additional items were billed on date of service 9-6-01 by the provider. Therefore, reimbursement is recommended in the amount of \$450.00.</p>
Totals		\$450.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$450.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$450.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 23rd day of October 2002.

Lesia Lenart
 Medical Dispute Resolution Officer
 Medical Review Division

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